LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV
MEETING MINUTES
April 10, 2014

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT *(cont.)*	COMMISSION MEMBERS ABSENT	DHSP STAFF
Michael Johnson, Esq., *Co-Chair*	David Kelly, MBA, JD	Lilia Espinoza, PhD	Kyle Baker
Ricky Rosales, *Co-Chair*	AJ King, MPH	Terry Goddard, MA	Carlos Vega-Matos, MPA
Alvaro Ballesteros, MBA	Lee Kochems, MA	Ayanna Kiburi, MPH	
Joseph Cadden, MD	Brad Land	Mitchell Kushner, MPH, MD	
Raquel Cataldo	Ted Liso/Douglas Lantis, MBA	Patsy Lawson/Miguel Palacios	**COMMISSION STAFF/CONSULTANTS**
Kevin Donnelly	Abad Lopez	Victoria Ortega	
Michelle Enfield	Marc McMillin	Angélica Palmeros, MSW	Dawn McClendon
Dahlia Ferlito, MPH *(pending)*	José Munoz	Jill Rotenberg	Jane Nachazel
Suzette Flynn	Mario Pérez, MPH	Shoshanna Scholar	James Stewart
Aaron Fox, MPM	Gregory Rios/Jenny O'Malley, RN, BSN	LaShonda Spencer, MD	Craig Vincent-Jones, MHA
Lynnea Garbutt	Juan Rivera	Monique Tula	Nicole Werner
David Giugni, LCSW	Sabel Samone-Loreca/Susan Forrest	Fariba Younai, DDS	
Grissel Granados, MSW	Terry Smith, MPA		
Joseph Green/Erik Sanjurjo, MA	Jason Tran/Rob Lester, MPP		
Kimler Gutierrez *(pending)*	Terrell Winder		
Sharon Holloway	Richard Zaldivar		

PUBLIC			
Robert Aguayo	Miguel Alvarez	Munolo Avilar	Herman Avilez
Floyd Ballou	Raenisha Brown	Geneviéve Clavreul	Edd Cockrell
Victor Cusanto	Thomas Davis	Richard Eastman	Whitney Engeran-Cordova
Joaquin Espinoza	Miguel Fernandez	Donnie Frazier	Eileen Garcia
Samuel Gonzalez	Shawn Griffin	Stephanie Haynes	Mia Humphreys
Bo Hwang	Faith Idemundia	Miki Jackson	Uyen Kao
Joseph Leahy	Roxanne Leu	Rosanne Lewis	Eduardo Martinez
Leonardo Martinez	Miguel Martinez	Paris McDaniel	Jerry Morris
Dante Morrison	Alexander Pacach	William Paja	Kenneth Ramos
Laura Ramos	Rutrease Regan	Martha Ron	Bamby Salcedo
Daniel Solis	Patricio Soza	John Thompson	Saloman Tooresalto
Elaine Waldman	Jason Wise	Matthew Zavala	

1. **CALL TO ORDER**: Mr. Johnson opened the meeting at 9:30 am and reviewed the structure and processes of the Commission.
   A. **Roll Call** (**Present)**: Ballesteros, Cadden, Cataldo, Donnelly, Enfield, Ferlito, Flynn, Fox, Garbutt, Giugni, Granados, Green/Sanjurjo, Gutierrez, Holloway, Johnson, Kelly, King, Kochems, Land, Liso/Lantis, Lopez, McMillin, Munoz, Pérez, Rios/O'Malley, Rivera, Rosales, Samone-Loreca/Forrest, Smith, Tran/Lester, Winder, Zaldivar

2. **APPROVAL OF AGENDA**:
   MOTION 1: Adjust, as necessary, and approve the Agenda Order ***(Passed by Consensus)***.

3. **APPROVAL OF MEETING MINUTES**:
   MOTION 2: Approve minutes from the Commission on HIV meeting(s), revised as appropriate, as presented ***(Withdrawn)***.

4. **PUBLIC COMMENT *(Non-Agendized or Follow-Up)*:**
   - Ms. McDaniel expressed concern about the lack of LGBTQ-friendly extra-curricular activities. As a trans woman, she does not feel at home among some of her family or, e.g., at the Boy and Girls Club. More activities could divert LGBTQ youth from the street and negative forms of validation where they are at risk of becoming HIV+, as she did.
   - Mr. Morrison, APLA Health and Wellness Center, is Program Coordinator for Empowerment, an intervention for young, gay men of color. Over four years, he has found affirming results when young, gay men have control over program facilitation and direction. Young, gay men want to talk about life skills in addition to HIV and safer sex. Doing so increases self-esteem leading to better sexual health decisions. He urged adding physical, mental and spiritual health to sexual health education.
   - Mr. Ramos, APLA Health and Wellness Center, noted the Red Circle Project is the only HIV education and prevention program targeting American Indians and Alaska Natives (AI/AN) in the County. AI/AN are dispersed across the County so he urged referrals for those who self-identify as AI/AN, specifically gay and two-spirit men and transgender individuals.
   - Mr. Cockrell, National Youth HIV/AIDS Awareness Day Ambassador, and Public Health Department, City of Pasadena, was diagnosed in 2011 in St. Louis, MO. He moved to the County because he felt, and still feels, it has the best services. He thanked the Commission for funding these services, but saw a need for more youth, peer-based intervention programs.
   - Mr. Pacach, Children's Hospital Los Angeles (CHLA) and National Youth HIV/AIDS Awareness Day Ambassador, urged those who work with youth to develop an aging out policy and support for young people as they transition. He added it is important to involve youth in planning activities and programs for them rather than engage in top-down planning.
   - Ms. Salcedo, Project Coordinator, Health Education and HIV Prevention Services, CHLA, acknowledged young people in the County and the world. She asked the County to invest more resources and time into acknowledging the effort local young people are investing into celebrating National Youth HIV/AIDS Awareness Day. They are our future and deserve support.
   - Mr. Davis said he is almost 22 and was diagnosed with HIV approximately a year ago. He initially found it difficult to accept resources offered. While caring, he could not identify with the financially stable, older, Caucasian men helping him. He is now involved with Empowerment, APLA, and started a YouTube channel, POZ Life, to support PLWH. He urged more PLWH education on treating oneself better, e.g., what does it mean to be physically active, eat better or create a support system.
   - Mr. Eastman, former Commissioner, announced Dr. Charles Farthing, formerly of AIDS Healthcare Foundation (AHF), has died. With Dr. Farthing's care, he went from 22 T-cells in June 2004 to 650 now. He has used these years as an activist for medical marijuana, needle exchange, homeless and human rights. The memorial for his doctor and the doctor for thousands more will be 4/13/2014, 1:00 to 2:00 pm, Sheraton Universal Hotel, Star View Room, 333 Universal Hollywood Drive, Universal City, CA 91606. Hotel parking is expensive so carpooling or parking at the Metro Station is advised.
   - Ms. Lewis is Program Coordinator, Women's Health Education/Risk Reduction, JWCH Institute, and Chair, Universal Condom Work Group, Los Angeles. Work Group members represent LAUSD, DHSP, community based organizations and AIDS service organizations. They advocate with providers and educate them on FC2 female condom use. The Work Group's first meeting of 2014 will be 5/6/2014, site to be announced. Contact Ms. Lewis for additional information.
   - Mr. Engeran-Cordova, AHF, thanked Mr. Eastman for his tribute to Dr. Farthing and his voice over the years. Mr. Engeran-Cordova requested the Commission adjourn in memory of Dr. Farthing, 61, former Chief of Medicine, AHF, who passed away suddenly. Dr. Farthing was an historical figure in the AIDS epidemic. It has been a blow to the AHF family and to him personally. Dr. Farthing recruited his husband to work in clinical research at AHF and was a real mentor to him.
   - He reported AB 1576, the AHF-sponsored bill on condoms in the adult film industry, has passed out of committee.
   - He acknowledged the Commission does not address contracts, but did urge it to consider a systems issue. AHF's CHAIN program provides specialty referrals for those receiving primary care. There were approximately 10,000 referrals in 2013 of whom 60% were not AHF patients. Average referral time is five days. AHF subsidizes CHAIN by 20% beyond the contract.

- That is not sustainable. Patients are transitioning into ACA, but many others continue to receive care through Ryan White. AHF has received support from the Los Angeles Gay and Lesbian Center, T.H.E Clinic, North Valley and others who recognize CHAIN's importance. The Commission should not forget the care system as it transitions into addressing prevention.
- Leonardo Martinez came to support AHF as it helped him when he needed support and can help many, many others.
- Eduardo Martinez, HIV+ 25 years, has not needed specialty services, but knows and supports the importance of CHAIN.
- Mr. Ballou said AHF saved him in 2005. It is essential to maintain services such as CHAIN for the community's health.
- Ms. Jackson said AHF is coming to the Commission as allies and experts. The CHAIN issue is one of planning and structure. It would not matter what agency or agencies have the contract. Structurally, the goal is to ensure all patients have access to good specialty medical care. No agency can afford to subsidize care especially at that level. This is part of the health care discussion on filling gaps to ensure a Continuum of HIV Services especially as the patient population ages and diversifies.
- ➲ Refer CHAIN program sustainability and utilization to PP&A. The next meeting is 4/15/2014, 1:00 to 4:00 pm.

5. **COMMISSION COMMENT *(Non-Agendized or Follow-Up)*:**

- Mr. Land thanked AHF for raising the specialty care issue. He felt the issue was larger than specialty care and involved how the Ryan White Care Act is defined, e.g., ICD codes and addressing unmet need. Ryan White cannot now provide dental services offered by Denti-Cal despite a need for the services as a wrap-around. He hoped Public Policy would address that.
- Mr. Zaldivar noted it is National Youth HIV/AIDS Awareness Day. He supported youth and young people in advocating for and claiming their share of programs. He also urged them to emulate Mr. Eastman and those like him in his activism. They raised the bar for HIV/AIDS and found strategic ways to make their voices heard locally and in the halls of Congress. Their activism led to programs. Those activists are aging and many have died. More youth need to step up to take their places.

6. **CONSENT CALENDER**:

A. Policy/Procedure #08.2107: Consent Calendar:
MOTION 3: Approve the Consent Calendar, with agenda motions removed as necessary ***(Withdrawn)***.

6A. **HIV COMMUNITY COLLOQUIA SERIES: STRENGTHENING YOUTH-ADULT PARTNERSHIPS:**

- Ms. Kao, UCLA Center for HIV Identification, Prevention and Treatment Services (CHIPTS), introduced Ms. Humphreys, Capacity Building Assistance Coordinator, and Mr. Solis, Training Specialist, from the Center for Strengthening Youth Prevention Paradigms (SYPP Center), CHLA. SYPP Center provides trainings and technical assistance to agencies, communities, coalitions and systems of care to address the social determinants of health that create inequities among youth. The colloquium was videotaped and the video will be available on the CHIPTS website.
- Ms. Humphreys noted approximately 60% of HIV+ youth do not know their HIV status. Approximately 26% of all new HIV infections occur in youth aged 13-24. In 2006-2009, young gay and bisexual men, particularly African-Americans, had the highest increase in HIV incidence of any population. Transgender data is often lost due to how data is collected such as transgender women incorrectly grouped with gay and bisexual men, but it is known the population is highly impacted.
- Young people are less likely than adults to be engaged in care, retained in care or have suppressed Viral Loads (VLs).
- Youth are one of the groups most impacted by HIV, but usually lack a say in strategic directions or larger trends in HIV prevention and care. Current trends that may particularly impact youth are a shift away from prevention for HIV- people; away from specific needs of communities and towards individualized care; and away from comprehensive, holistic or structural approaches that address the social determinants of health.
- Due to a lack of data, SYPP Center developed a Gardner HIV Treatment Cascade for youth based on estimates. Adult data is: diagnosed, 82%; linked to care, 66%; retained in care, 37%; prescribed antiretroviral treatment, 33%; VL suppressed, 25%. As 60% of youth do not know their status, SYPP Center started with 41%, or half the adult rate, for diagnosed and extrapolated approximately half for each remaining stage.
- The Cascade does not address the prevention continuum, but the Treatment Action Group is advocating for one that would include, e.g., linkage to and retention in primary care services such as testing, screening, health literacy and peer support.
- Mr. Solis addressed social determinants of health. These are the conditions and circumstances into which people are born, grow, live, work, socialize and form relationships, and the systems that are in place to deal with health and wellness.
- Determinants of health can be grouped in layers. Biology, genetics and identify includes, e.g., sex, gender, sexual orientation and race/ethnicity. While these and other factors impact health, they are not social determinants.
- The second level begins to address social determinants with community networks, e.g., family, peer networks or faith communities. These connections or lack of them can impact health.

- The third level is living and working conditions, e.g., health care access and quality, housing conditions, job security and working conditions. These include such issues as living in a community with significant environmental pollution, needing to take a long bus ride to access health care, or a job with inadequate health care or that provides inadequate income.
- The fourth level, socio-economic and environment, addresses issues such as racism, stigma, trans- or homophobia.
- Case Study 1, Jasmine, 21, multiracial transgender woman, rides the bus 45 minutes to an agency she has visited before for an HIV test. Her test is negative so she asks the tester about PrEP. The tester replies it would not be a good fit because PrEP requires significant responsibility to take correctly and she would probably be overwhelmed. Jasmine feels disempowered, leaves without further information about PrEP or other options, and decides not to return to the agency.
- The provider made assumptions about Jasmine's maturity based on her age. She was not given complete PrEP information to help identify whether she might be a good candidate. Jasmine also depends on public transit. With no provider nearby, she must take a long bus ride to access services. She was also subject to adultism, racism and transphobia.
- Case Study 2, Michael, 17 is a Latino, gay, cisgender youth who is HIV+. He was diagnosed six months ago and saw a doctor initially for treatment. He has since stopped talking with his family, moved in with his boyfriend, left school and started working. He has not seen his doctor in three months so a clinic case manager calls to ask why. Michael replies the doctor made him feel bad because he did not always take his medication and threatened to call his parents if he did not improve.
- On the community network level, in addition to family rejection, a provider again makes assumptions about Michael's maturity level and disregards the Minor Consent Law. Pertinent living and working conditions include housing instability and dropping out of school. Socio-economic and environmental aspects include adultism, HIV stigma and homophobia.
- SYPP Center defines youth-adult partnerships as the equitable working relationship in which adults partner with young people to address the issues, policies, programs, and organizations affecting youth. Ms. Humphreys stressed the importance of equitable working relationships in which both youth and adults contribute in a professional, ongoing, mutually respectful manner to challenge the unequal power that exists between youth and adults. The definition challenges the way society thinks of and treats young people, e.g., periodically consulting them or developing programs for them.
- Effective partnerships begin by acknowledging the fundamental power imbalance between youth and adults. They authentically share decision-making authority and value the complimentary contribution of both youth and adults.
- Effective partnerships should offer mutual benefits to youth, adults, agencies and communities. Youth are mentored and empowered. Adults, agencies and communities also benefit by practicing communication skills and more effective programming that impact youth at a deep level. These partnerships are guided by ongoing reflection and evaluation to ensure openness to feedback from youth and adults. They require institutional commitment and change.
- A major barrier to effective youth-adult partnerships is adultism, the belief system which views adults as the rightful holders of power in society and its institutions. This system controls how youth are treated in all parts of society, and in interpersonal relationships between adults and youth as well as between youth themselves.
- Mr. Solis noted adultism impacts youth-adult relationships across the spectrum so there are opportunities to support youth on an individual level. It is critical to address it in agencies which are adult led. Examples of adultism at an agency may include: staff making negative assumptions about youth, a community planning group not discussing youth when prioritizing resources, asking young adult staff to represent the views of youth, an HIV prevention agency not testing youth under 18, inaccessible medication instructions for HIV+ youth or lack of preparation for a community coalition youth panel.
- Adult allies commit themselves to using their societal privileges and power to advocate with youth to increase their power and responsibility over their own lives. An adult ally continuously works to understand the best ways to support youth self-efficacy and maintains appropriate boundaries.
- Recommended individual adult ally skills are: be reflective and humble; maintain high expectations and support youth in meeting them; recognize youth as knowledgeable participants; acknowledge the full context of youth's lives, e.g., a youth may not attend a group one week due to prioritization of other responsibilities; and set and maintain boundaries, e.g., not become overly involved emotionally in youth's lives or try to paternalistically resolve every youth's issues.
- Recommended skills with others are: address power dynamics, e.g., with a later review; be transparent, e.g., discuss possible budget cuts and how to address them; build trust and rapport; educate other adults; build organizational capacity, e.g., via trainings and mechanisms such as a youth advisory board; treat youth as unique individuals; invest in leadership development, e.g., presentation skills or understanding budgets; create space for youth to process internalized adultism; and increase accessibility including meeting times, transportation, and materials in accessible formats and language.
- SYPP Center defines structural change as a new or modified practice, program or policy that can be sustained over time and strengthens youth-adult partnerships. Ms. Humphries noted practices might include incorporating a routine feedback mechanism when making decisions. A program change might include initiating a youth advisory board with authentic power

regarding, e.g., grants, program direction and hiring staff. Youth might also be added to the Board. Policy changes are the most sustainable level, e.g., revising agency guidelines to require consultation with a youth advisory board on decisions.

- Agencies can also create programs, e.g., to transition youth from clients into staff, hire youth as staff and provide ongoing training for young adult staff. Other options include requiring all staff to attend training on youth-adult partnerships and a staff style guide on adultism terms to avoid, e.g., kids or future leaders since youth are already leaders.
- Youth-driven design is a process that builds off of youth's experiences, ideas and leadership to drive the planning and creation of educational, marketing, outreach and program materials that target youth.
- Mr. Solis offered structural changes for the Commission to consider. They were: include adultism when assessing systemic barriers youth face, holding regular and accessible feedback sessions with youth, holding Commission meetings at a youth-accessible time, and prioritizing youth prevention and care needs.
- Ms. O'Malley commented it is important not only to include youth feedback, but to ask youth what terms mean to them, e.g., she asked her 14-year-old daughter to define what she means by "crush." An intervention may sound good to the Commission, but we should ask youth what it means to them. They may perceive it differently.
- Mr. Pacach noted to reach an AIDS-free generation we must address youth now. National Youth HIV/AIDS Awareness Day is a great example of youth-adult partnership with many working hard to visit multiple events and engage in the larger effort.
- Ms. McDaniel said she was grateful for those who have broken barriers in the past, but her generation inspires her today.
- Mr. Cockrell invited Commission members to the Pasadena Public Library, 4/11/2014, 1:00 to 3:00 pm, for a youth and provider discussion of youth barriers and social determinants of health. Light refreshments and give-aways will be available.
- Mr. Davis said many youth are hungry to make a difference. He urged engaging youth as staff and on boards.
- Ms. Waldman, Department of Public Health, works in hepatitis prevention. The Public Health Commission youth agenda item is always vacant. She is not in a capacity to recruit, but urged youth to apply for that Commission as well.
- Ms. Regan, UCLA, is Project Director of an HIV prevention study which provides free HIV testing, STI testing and treatment and other services. They have found it hard to reach out to youth and hoped for feedback to improve.
- Mr. Solis replied most youth, especially from the desired demographic, feel studies want to use them for a particular reason and then will dismiss them. Engaging them and building a sense of community is an important dynamic in recruiting and retaining youth. Testing and treatment alone are not sufficient incentives to participate.
- Mr. Munoz noted it is important to review epidemiology, but just as important to engage youth in seeking zero infections.
- Mr. Land felt adultism was an interesting paradigm for the presentation. He and Mr. Ballesteros both held youth seats years ago with Being Alive Los Angeles. Self-empowerment was a major approach at the time, but was not addressed today.
- Mr. Solis said there are multiple versions of the presentation. Organizational models vary, e.g., some agencies are run by youth with an adult advisory board. Training is not only important for effective participation, but also serves as job training. Youth are experts in youth programming so should have options for internships and paid positions just as adult experts do.
- Ms. Flynn, HOPWA, asked for input on housing needs. Ms. Solis said he works with homeless youth as a peer educator. Many homeless do not know about HOPWA. Those who do wait up to two hours in a line for a complex application process and then wait on a long list. They often feel disempowered and drop off. Pasadena has some housing, but that is rare.
- Ms. McDaniel has used the housing programs. She felt many care providers pushed her aside because they thought she was too young to pay her rent responsibly. When she did obtain housing, conditions were bad, e.g., there were infestations and things in the unit were broken. Conditions and the disrespect were so bad at times that she has left services.
- Ms. O'Malley noted there are protections for elders because those who are dependent are prone to abuse and may not know their rights. There are protections for children as well. Youth have the right to live in habitable housing, but there are multiple barriers. Youth should be educated about their rights and empowered to exercise them.
- Mr. Johnson noted the Commission's calendar in the packet. Meetings are held in the Commission Offices which is Metro-adjacent. Pertinent committees are PP&A, which ranks service priorities and allocates funds, 4/15/2014; SBP, which sets standards for services, 4/17/2014; and Public Policy, which raises issues for the Commission's focus. The public is welcome.
- Mr. Ballesteros said he and Mr. Land Co-Chair PP&A. He suggested interested people request agency permission to participate long-term since priorities are developed over multiple meetings. Youth input would be valued.
- Mr. Lopez asked about barriers to accessing PEP and PrEP. Mr. Solis felt the Oasis Clinic and the Los Angeles Gay and Lesbian Center are the two most accessible sites in terms of cost and location, but many are not aware of them. Services at an average clinic can present barriers for an adult. Youth are often viewed as less capable of following protocols. Messaging and youth cultural competency are poor. All agencies should support PEP/PrEP as a tool, not criticize it as a party drug.
- Mr. Hwang is a medical sociologist, undergraduate student, and a female-bodied person who presents as a transgender man. Clinic staff persist in treating him as a lesbian, e.g., asking if he needs dental dams. Physicians assume he is not at risk

for STIs since he appears to be a masculine lesbian. Staff assumes his partners will be lesbians and that lesbians do not have sex with men. He urged clinics to offer services for transgender men, those transitioning and those in between.

- Mr. Zaldivar noted committees can be intimidating at first. He suggested a Youth Caucus to provide a space for ongoing conversation and prioritization of issues for the Commission to address. He added the Prevention Planning Committee routinely had youth presenters and asked why SYPP Center did not. Ms. Humphreys said it was discussed, but they felt there was insufficient time to prepare youth to present. Youth did provide input for the presentation.
- Ms. Salcedo works with young people and finds the same needs and issues she lived as a young person over 20 years ago. She urged truly addressing structural change and suggested adding a youth/young person Commission seat.
- Ms. Ferlito felt there were several assumptions underlying many of the suggestions. When the Commission invites youth, it is assumed they will come and provide needed feedback but, e.g., 9:00 am Commission meetings are inconvenient for youth who may attend school or a job. It is also assumed adults at the table know how to properly engage and interact with youth. The Commission should address training in cultural competency for adult Commission members.
- Mr. Pérez, Director, DHSP, offered a Department of Public Health (DPH) perspective. He emphasized major system change will be needed to change health outcomes. The 60% HIV+ unaware rate is outrageous and embarrassing. The national rate has been declining and is estimated at 15-20%. The STD Controller for San Francisco estimates an unaware rate of 6% there.
- Youth continue to have poor rates across the HIV Treatment Cascade and will continue to do so unless there is consistent engagement at multiple levels. A handful of youth at this meeting is just step one.
- DHSP is rethinking how to address STDs in South Los Angeles where rates among youth are extremely high. Part of the concern is a misunderstanding of how youth want to consume health care apart from accessible hours and culturally competent staff. Youth want things quickly so waiting rooms are unpopular especially if youth are propositioned in them. Separate waiting rooms would be better, but are not offered. Beyond that, youth do not want to wait 45 minutes, but five minute waits are unrealistic in today's environment. Access patterns in a 4,000 square mile jurisdiction are also a challenge.
- PP&A makes recommendations, but DPH implements them. DHSP formed a focus group of two dozen young, black, gay men and a year ago it criticized RFPs released by DHSP as inherently ineffective even if perfectly implemented. DHSP is rethinking how services are procured, but relies on 85 Community-Based Organizations (CBOs) of which most are private.
- DPH relies on CBOs as they are considered better connected to the community but, at the same time, changing service provider behavior takes time. Mandates and financial incentives are the most effective means to push change, but providers dislike mandates and not all providers capitalize on financial incentives.
- Mr. Pérez complimented the packet and recommendations from NASTAD and others, but DHSP has mounds of recommendations. The challenge is to translate them into meaningful, sustained system improvement. DHSP is hungry to better understand how youth consume health care and the best approaches to provide it to various subpopulations. A youth caucus may help, but other caucuses have had high attrition rates. Youth often want to sprint, but this is a marathon. There must be a dedicated, frank conversation about everything that must change in the County to improve outcomes.

➲ SYPP Center will forward their longer presentation with more information on organizational models to the Commission.

7. **CO-CHAIRS' REPORT**:

A. Relevant Motions Coinciding with National Youth HIV/AIDS Awareness Day:

- Mr. Ballesteros asked about staff support for the proposed work group. Mr. Vincent-Jones said Commission staff would provide normal work group support. Support for the Youth Advisory Group will be addressed after recommendations are received. Mr. Smith noted staff is already stretched thin. He suggested using a facilitator for the work group.
- Mr. Winder thanked the Commission for sponsoring the colloquium and motion. He and others are willing to serve.
- Mr. Cockrell suggested the Commission sponsor youth community town hall meetings in highly impacted areas. He also supported a caucus and a youth seat on the Commission. Mr. Rosales noted youth can apply for the Commission now.
- Ms. Holloway said she has a 24-year-old, HIV- son. Parents need help keeping their children HIV- or accessing services for them if they become HIV+. They should be urged to attend meetings like this to be educated.
- Mr. Land urged the work group to also address youth self-advocacy and self-empowerment.

MOTION 4: Form a work group with the charge to define and develop a Youth Advisory Group for the Commission with the specific intent to serve as a vehicle to strengthen the voice of youth and young people in the Commission's work; ask the work group to report back with its recommendations within three months; and ask the Commission's youth/young adult members to lead the work group ***(Passed by Consensus)***.

MOTION 5: Support proposed legislation to address health concerns in adolescent and young adult populations, as presented ***(Withdrawn)***.

B. Member Mentoring: Mr. Johnson underscored the complexity of the Commission process. Experienced Commission members should mentor their colleagues. In particular, Commissioners with Alternates should mentor them and Alternates should reach out to their Commissioners. Operations is continuing to develop additional mentoring approaches.

9. EXECUTIVE DIRECTOR'S REPORT:

- Mr. Vincent-Jones had expected to have final consumer stipend payment details completed for three weeks, but the Executive Office had some additional questions regarding changes to the policy. The last was resolved yesterday.
- He will walk the Consumer Caucus through the application process today. For those who do not attend the Caucus, the extensive instructions will be emailed in the next day or two along with the necessary materials to apply.
- Only Commission members who have signed the stipend agreement can apply. Commission members who have not signed it and would like to apply should contact staff to obtain the agreement.
- The Commission never stated that stipends would be paid retroactive to July 2013, but some developed the expectation apparently due to miscommunication. Staff looked into the process and is almost certain it can be done. Staff will ask for attendance records back to July 2013. Not all committees met during the first three months of the Commission, but Mr. Vincent-Jones will assist Commission members so they are not penalized for not attending meetings that did not occur.

A. Commission Meeting Evaluations:

- Mr. Vincent-Jones said staff was still experiencing copier equipment problems, but hoped for resolution shortly.
- Staff provided the packet in sections last month and many people said documents were easier to locate. Staff is experimenting with different approaches that might be both more convenient for attendees and feasible for staff. This month staff planned the three separate packets. Mr. Vincent-Jones encouraged feedback on the format.
- He acknowledged many would like materials in advance, but they are being prepared up to the day before the meeting. Materials were ready for this meeting yesterday, but the Commission's County website cannot post them that quickly.
- Conversations have started with the County on how to acquire tablets for the Commission's use.

B. HIV Glossary and Definitions:

- Mr. Vincent-Jones thanked Mr. Sanjurjo for compiling and updating the nearly 40-page glossary from a variety of lists. Many Commission members have requested a reference for the many acronyms in use. Prior lists were years old.
- ➲ Messrs. Land and Lester volunteered to draft definitions for the glossary terms. Two more volunteers were requested.

10. CALIFORNIA OFFICE OF AIDS (OA) REPORT: There was no report.

11. PARLIAMENTARY TRAINING: There was no report.

12. **DIVISION OF HIV/STD PROGRAMS (DHSP) REPORT**:

A. Administrative Agency:

1) Invasive Meningococcal Disease (Meningitis) Update:

- Mr. Pérez reported eight cases have been reported to DPH to date in 2014. Typically there are 20 to 30 cases reported annually. That makes cases extremely rare for a County of 10 million people.
- There were cases identified in gay men in 2013 that were scattered throughout the County. The 2014 cases reflected some differences which prompted a new set of recommendations.
- Four of the eight 2014 cases were among MSM. Three of the four MSM cases were HIV+. Three of the four MSM cases, though not the same three, succumbed to the disease in a fairly short timeframe. Of those, two were HIV+.
- For the first time, there was also an established clustering of the cases. Three of the four MSM cases were in West Hollywood and the other was in North Hollywood.
- These differences raised concern among DPH meningitis experts and prompted conversations with the California Department of Public Health and the CDC to explore recommendations to encourage vaccination among County MSM. DPH issued a press release 4/2/2014. DHSP advised LGBT health community leaders prior to its release.
- DPH recommends vaccination for two groups. HIV+ MSM are strongly encouraged to speak to their physicians at their next scheduled appointment about vaccination. Those not previously vaccinated should receive both an initial vaccination and a booster dose 8 to 12 weeks later.
- All MSM, regardless of HIV status, who engage in intimate contact with multiple partners are also recommended to receive the vaccine. Meningitis is not an STD, but is transmitted through droplets of mucus or saliva. Living in

close quarters can also be a concern, e.g., for the 400 gay men and transgender persons in the County Jail K6G Unit. DHSP is working with the Sheriff's Department to address vaccinations in the Jail.

- Most DHSP partners do not keep vaccine on hand. DPH initially had 120 doses available. 100 doses were made available to two DHSP partners based on preliminary conversations with Darrel Cummings and Craig Thompson: 75 to the Los Angeles Gay and Lesbian Center and 25 to AIDS Project Los Angeles.
- DHSP also contacted its providers to request information on their inventory of vaccine and expected demand. A large amount of vaccine was ordered to supply providers with "starter packs" as needed. Additional vaccine was received by DPH late last week and is being deployed according to demand at individual providers.
- Frequently Asked Questions sheets are available in English and Spanish. Copies were in the packet.
- Five DPH health clinics are offering free vaccine clinics for the identified MSM populations through 4/11/2014. DHSP will look at demand today to determine whether demand warrants extension of those clinics. The Department of Health Services will also be providing vaccine through its clinics.
- Some have asked whether the booster vaccine will be covered, especially for PLWH. DHSP wants to ensure no one goes without. Those who are insured are strongly encouraged to access their health insurance plan. Dr. Jonathan Fielding, Director, DPH, and Health Officer, County of Los Angeles, sent a letter to all local health plans requesting they cover the vaccine cost for their County members. DPH will provide the vaccine and booster for the uninsured.
- The incubation period for the vaccine is approximately 14 days. That is important because the pride season is starting, e.g., the White Party in Riverside County. DPH has communicated with the Riverside County health officer as well as with the health departments for the City of Long Beach and the City of Pasadena.
- In The Meantime will host a community forum 4/15/2014. A DPH clinician will participate to answer questions.
- Mr. Land suggested town halls or forums to launch a dialogue, especially in gay communities, about sexual practices, awareness and negotiation. Most gay communities, excepting leather communities, do not discuss it.
- Mr. Pérez attended the Joint Annual California Conference of Local AIDS Directors and California STD Controllers in Oakland. Meningitis is not sexually transmitted, but as counties share their rates of syphilis, gonorrhea and HIV it is apparent there are higher and higher rates of STDs, particularly syphilis and gonorrhea. Very high rates of syphilis, particularly infectious syphilis, are being diagnosed among HIV+ gay men in virtually every county in the State.
- What is beginning to emerge is that it may be time to have a conversation with our gay communities about sexual health. The HIV epidemic has reached a point where people consider it so manageable that acquiring syphilis and gonorrhea, two treatable, curable, bacterial STDs, has become a new norm.
- Those are important issues to explore and deliberate in a constructive manner and forum that is solution-oriented. The Commission could be instrumental in initiating a series of forums across the County possibly with a moderator.
- Ms. Samone-Loreca heard from the media that cannabis was not a risk for acquiring meningitis, but there are multiple forms of cannabis use including, e.g., bongs or bowls at clubs that may not be properly sanitized. The media also neglected to mention women or the transgender community, but she thought they could be at risk.
- Mr. Pérez replied the cases DHSP is reporting on are bacterial, not viral, meningitis. The DPH press release referenced sharing cigarettes, joints or hookahs which are means to exchange saliva. Sharing is the key risk. There has been no intent to send a letter to medical marijuana clubs because marijuana itself is not the risk.
- Of the four 2014 MSM cases, three were between 24 and 28. One was 36. None of the eight 2014 cases were transgender people, but he was not aware of the specific demographics.
- Mr. Vincent-Jones noted most researchers support reduced estimates of the HIV unaware, but he cannot reconcile that with increased STDs. Mr. Pérez replied the decreasing proportion of those unaware of their HIV+ status from 21%, to 18%, to 15.8%, and 6% in San Francisco, is an estimate. Reported STD cases in the County were: 65,000, 2013; 63,500, 2012; and 59,500, 2011. Chlamydia is the most common STD followed by gonorrhea and syphilis.
- People are increasingly aware of their HIV status and sero-sorting. The risk of STDs is part of the sero-sorting phenomenon, but it is hard to measure whether sero-sorting is happening less or more, e.g., how many HIV+ men who may have syphilis are having sex with men who are HIV-. DHSP works to understand these phenomena.
- Mr. Vincent-Jones stressed that the general message of a declining HIV unaware rate remains just an estimate and it conflicts with behavior routinely discussed at the Commission as well as increased STD rates. He suggested DPH and the Commission partner to gather research, e.g., via focus interviews among high risk groups.
- Mr. Sanjurjo noted though meningitis is not considered to be "sexually" transmitted, he felt the "social" activities were most likely sexual in nature. He was also interested to know if the HIV+ MSM cases were taking medication.
- Mr. Lantis asked about correlations between drug use, especially among MSM, and the rate of STDs. Mr. Pérez said DHSP continually works to understand HIV risk predictors. Heavy alcohol use is a predictor. A small program has

been successful in de-linking meth use and HIV risk, but DHSP has been unable to scale it up countywide and intervene with all meth-using gay men or transgender persons. He did not know whether or not there is a direct correlation between increases in drug or alcohol use and increases in STD rates, but it is a valid question.

- Dr. Cadden said clinics are addressing patients who have seen the initial meningitis alert or are coming in for their regular appointments. He suggested refreshing the alert for those who did not see the initial release and do not have plans to see their physician. His clinic is trying to do outreach, but it is challenging with 2,600 clients. Mr. Pérez said DPH is happy to work with public and private community partners to get the right messaging out.
- He is concerned about sustaining vaccination levels over the next year. The subject may slip from provider and community partner focus in the absence of more cases. DPH learned after last year's scattering of cases that people did not get vaccinated between April of 2013 and 2014. That must be addressed to avert a 2015 case spike.
- Mr. Liso lives in West Hollywood and has seen unreasonable fear. Education is the key to good control.
- Ms. Samone-Loreca asked how the cluster affects the skid row area and homeless population since people may not stay in one area. She asked if shelter programs were advised. Mr. Pérez replied DHSP's Medical Director sent advisories to all DHSP partners regardless of where they are based. He added every hospital in the hospital alert system must report bacterial meningitis within 24 hours. Compliance is very good so data is accurate.

➲ Mr. Pérez will relay 2014 meningitis case demographic data to Mr. Vincent-Jones for distribution.

2) CDC Annual Progress Report (APR): The current APR for the HIV prevention program was in the packet for review.

B. HIV/STD Services:

- Mr. Pérez reported DHSP has still not received HRSA's Notice of Grant Award (NGA) for the current Ryan White Part A grant year which began 3/1/2014. The delay impacts planning and the Priorities-and-Allocation process.
- Mr. Land noted DHSP agreed at the last Executive meeting to alert providers if the NGA was not received by today. Mr. Pérez acknowledged DHSP agreed to send a letter to Ryan White-funded partners explaining the delay and reiterating DHSP's community planning partnership with the Commission so providers are not surprised if reductions are needed.
- DHSP submitted its CDC Community Approaches to Respond to STDs application 4/9/2014. Funds would support more community-driven STD control especially in South Los Angeles. Over 20 letters support the application due 4/10/2014.

➲ Mr. Pérez will work with Mr. Vincent-Jones to write the agreed letter to providers regarding the NGA delay.

C. Research/Surveillance: There was no report.

13. STANDING COMMITTEE REPORTS:

A. Public Policy Committee:

1) 2014 Policy Agenda:

- Mr. Land noted Priority 3 which encourages reauthorization of Ryan White legislation or, in lieu of that, urging policy makers, representatives and Federal partners to enact changes administratively and by other available means to facilitate stronger compatibility and greater effectiveness between the Ryan White Program, Medicaid/Medicare and insurance exchanges as the ACA transforms the healthcare landscape.
- He felt it was imperative to develop a way to specialize our service delivery system so that it is billable by other systems. He feared if that did not happen that Ryan White would become no more than a medication system.
- Mr. Johnson noted that if the 2014 Policy Agenda was not approved then Motion 7 was moot as they are linked.

MOTION 6: Approve the 2014 Policy agenda in accordance with suggested amendments from the 2/13/2014 Commission meeting ***(Failed: 1 Aye; 21 Opposed; 2 Abstentions)***.

2) 2014 Legislative Docket:

- Mr. Zaldivar noted Public Policy met 4/2/2014 to review and identify positions on State legislation impacting HIV, STDs and related services. Commission approved positions move to the County for consideration for its Docket.
  - **AB 966 (Bonta):** Although sodomy is illegal in the State correctional system, this bill would require the Department of Corrections to develop a 5-year plan to extend availability of condoms in prisons. ***SUPPORT,*** *and encourage author to include implementation plan.*
  - **AB 1576 (Hall):** Occupational safety and health measures in adult film production. *Continue prior* ***SUPPORT****.*
  - **AB 1743 (Ting):** Extends original bill and pilot syringe programs it enabled that would otherwise close due to a sunset provision in original bill. ***SUPPORT,*** *with recommendation to local service community to investigate ways for pharmacies to provide community outreach and education.*

- **AB 1805 (Skinner/Pan):** Repeals 10% cuts in provider reimbursements imposed in 2011 due to State budget cuts, but does not restore funds lost. ***SUPPORT,*** *with recouping funds addressed through budget language if there is the legislative will.*
- **AB 1898 (Brown):** Provides for sharing communicable disease and STD information – detailing a number of conditions where prior legislative language has hindered public health response – with the relevant authorities to improve public health success. Continues to protect patient-level HIV and STD from data breaches and other privacy invasions. ***SUPPORT****.*
- **SB 280 (Lieu/Lara):** Expands health data collected statewide to include more precise information about sexual orientation and gender identity; voluntary for the provider. ***SUPPORT****.*
- **SB 439 (Steinberg/Leno):** The Medical Practice Act provides for regulation and licensing of providers who prescribe medical marijuana. ***WATCH****, bill did not move in prior legislative Session and has not moved to date.*
- **SB 1005 (Lara):** Proposes Medi-Cal-like system to provide care and treatment services for the undocumented, a population of State residents not covered in the ACA. ***SUPPORT****.*
- **SB 1150 (Hueso):** FQHCs can now only bill for one visit a day for patients, making coordination and continuity of care burdensome on patients and providers. Allows providers to bill for two visits per day. ***SUPPORT****, and urge author to remove the two-visit cap to allow for more visits if necessary and feasible.*
- **SB 1161 (Beall):** Makes technical, non-substantive changes to the Youth Bill of Rights, which addresses conditions for youth in juvenile authorities or corrections. ***SUPPORT****.*
- **SB 1165 (Mitchell/Block):** Requires Instructional Quality Commission to develop a distinct category of instruction and education on dating violence, sexual abuse and sex trafficking prevention education in the Health Framework for California Public Schools. ***SUPPORT****.*
- **SB 1224 (Correa):** Companion bill to SB 1150. **SUPPORT***, with same recommendation.*

- Mr. Pérez said the positions of the County are dictated by the Board so DHSP would not support or oppose bills.
- He did hope the Committee considered unintended consequences for SB 1005 which proposes a Medi-Cal-like system for undocumented residents. Undocumented PLWH now access a very robust Ryan White system. Other health plans/systems continue to be developed, e.g., LA Care, Health Net, Medicaid/Medicare, Blue Cross. As they are, we continue to compare them to Ryan White and identify some differences in the menu of services. A Medi-Cal-like system may well offer fewer services especially in light of possible policies for a reauthorized Ryan White.
- SB 1150 increases the number of visits per day for which an FQHC can bill from one to two. DHSP is a DPH division that pays for services on a Fee-For-Service (FFS) basis and supports comprehensive Medical Care Coordination so he would like to know the bill's fiscal impact. Supporting up to two visits in one day could have a profound effect.
- Mr. Ballesteros said the issue is that if, e.g., a client has a primary care and a mental health visit on the same day then the State requires the cost to be bundled into one rate. FQHCs are now more involved in areas such as behavioral health so seek separate billing. The bill requires clinics to re-rate for different services within one year.
- Mr. Pérez said DHSP supports a FFS model and advocates for a comprehensive visit. This Senate bill is focused on FQHCs, but could have financing implications for other payer systems like ours if the rationale is carried over.
- Mr. Giugni noted AB 1576 was supported in the past, but felt it should be reviewed since this is a new body.
- ➲ Mr. Liso referred AB 1733 to Public Policy for review. It waives the fee for a birth certificate for a person who is homeless which facilitates access to services, e.g., housing. He also referred AB 1766 pertaining to foster youth.
- ➲ Refer the following bills back to Committee: AB 1576, SB 1005, SB 1150, SB 1165, SB 1224,

MOTION 7: Approve the 2014 Legislative Docket detailing Commission positions on pending legislation and forward those recommendations to Intergovernmental Relations (IGR) in the County's Chief Executive Office (CEO), the Board of Supervisors, and other departments, as appropriate ***(Withdrawn)***.

3) City of LA AIDS Coordinator's Office Budget:

- Mr. Rosales reported the City of Los Angeles Council approved long-term funding for the AIDS Coordinator's Office on 4/8/2014. It has gone to the Mayor's Office for signature. Mr. Rosales sent contract extensions 4/9/2014 for all contracts impacted by the CDPG funding issue. He thanked the community for its support.
- Ms. Enfield heard there would be a 10% cut in funding for next year's programs. Mr. Rosales replied the recommendation is for half of funding to be allocated from the CDPG funds and half from the Mayor's Budget. Currently, that reflects a 10-11% cut, but it is a base which can be increased. The Mayor's Budget will be released 4/20/2014. The Budget then goes to the City Council which can choose to increase funding.
- ➲ Mr. Rosales will provide an update at the May Commission meeting.

B. Operations Committee:

1) Pol. #09.1007: Community Member Appt:

- Mr. Green noted this Policy/Procedure has been open for public comment for several months. It pertains to appointment of committee members directly to standing committees to supplement committee expertise. SBP and Public Policy are the only two committees which have chosen to allow community members.
- A committee selects a candidate and forwards the application to Operations which reviews it to ensure it meets committee guidelines. Approved applications are forwarded to the Commission for approval and then to the Board for appointment directly to that committee. The individual is only a voting member of the pertinent committee.
- Mr. Vincent-Jones added the community member designation was developed several years ago by the then Standards of Care Committee to supplement clinical expertise. The ability to vote improved their recruitment.
- Mr. McMillin asked about the quorum. Mr. Stewart said item 10 is designed to ensure that Commission members retain quorum on a committee. Community members cannot exceed one less than quorum.
- Mr. Kelly asked about changes since opening for public comment. Mr. Vincent-Jones noted nothing of substance. A large part of the background information was moved to a new section, "Additional Information."

MOTION 8: Approve Policy/Procedure #09.1007 ***(Community Member Nominations and Appointments to Standing Committees)***, as revised and finalized after public comment period ***(Passed by Consensus)***.

2) Pol. #09.7201: Consumer Compensation: This Policy/Procedure is open for public comment until 4/30/2014.

3) Pol. #08.3303: Reimbursable Expenses: This was discussed under the Executive Director's Report.

4) Pol. #08.3105: Federal Conflict of Interest:

- Mr. Vincent-Jones noted this has been prioritized because HRSA requires planning councils to submit a Federal Conflict of Interest Policy/Procedure for its approval prior to finalization. CDC does not require one.
- This Policy/Procedure is open for public comment until 4/30/2014. A training is planned at a later date on the various aspects of Federal and State Conflict of Interest requirements, e.g., to state conflicts prior to certain votes.

5) Pol. #08.3108: State Conflict of Interest: This Policy/Procedure is open for public comment until 4/30/2014.

6) Proposed 2014 Renewal Strategy:

- Mr. King noted half of Commission members were appointed in July 2013 to one-year terms and the other half to two-year terms in order to establish an alternating term pattern. Going forward all terms will be two years.
- The one-year terms will end June 30, 2014. Operations recommended to Executive that those Commission members who wish to renew be allowed to extend their one-year terms for two years via a streamlined application process. This year was primarily transitional so a true evaluation of Commission members seemed premature.
- Commission members who wish to renew would submit the required County Statement of Qualifications (SOQ). The SOQ is a fairly simple document mainly concerned with conflicts and adherence to County rules. It is now online. They could also choose to submit an updated Commission application and request an in-person meeting.
- Mr. Land felt attendance should be considered. He did not want the Commission to automatically renew someone who was not attending. Mr. King said Operations felt those with poor attendance would most likely not re-apply.
- Operations also has many priorities and felt it would require excessive time for a full application process, e.g., to interview half the Commission members in approximately two months. Interviews are not mandatory for renewals but, in practice, Operations normally interviews everyone. Operations retains the right to interview if desired.
- Mr. Lester acknowledged this would be a one-time process and asked how it differed from the norm. Mr. Vincent-Jones replied Operations now uses a hybrid policy which is the interview process used for unification. It will develop a new policy/procedure for Commission review and approval to use going forward.
- Mr. Lester appreciated the challenge of facilitating so many renewals but, as a public body, felt the Commission should follow its established policies to set an example of good governance and ensure diverse representation. It would also offer an opportunity for the Commission to take advantage of the experience of engaged Alternates.
- Mr. Lantis agreed. In particular, he felt there should be a process for Alternates with good attendance to compete for full seats. Some Commissioners have not been active while there are Alternates who have been fully engaged.
- Dr. Cadden appreciated that this was a transition year, but felt the streamlined process may not be seen as fair.
- Mr. Vincent-Jones felt Mr. Ballesteros' motion was redundant. Attendance is already taken into consideration in the usual application process. Staff is working with the final attendance records and, as has been a part of the regular process, those records will be presented at each Operations meeting for review going forward.
- As a County Commission, attendance records also must be submitted to the Executive Office bi-annually. That has not been done since July 2013 because the Executive Office is transferring all its records to an electronic system. Adjustments may be needed as most County Commissions do not rely as much on committees as we do.

- Mr. King said attendance was not part of the criteria for the 2014 Renewal Strategy, but would be added. Mr. Kelly noted attendance was discussed. Although records had not been presented to Operations as yet, Mr. Vincent-Jones said attendance for the Commission as a whole had improved since unification. Mr. Vincent-Jones confirmed overall attendance was better. Records are always available at the office and are one of the things reviewed.
- Mr. Johnson felt each committee has a fundamental role and that role for Operations is membership. He did not want to abdicate our responsibility to ask how effective, at this point in time, half the Commission members are. He also felt it inappropriate to host a large public forum, invite youth to participate and then tell them seats would not open for more than two years. We want to communicate that this is dynamic body that is constantly looking for talent at the table. The interview process is the opportunity for each of us to demonstrate our commitment.

➲ Return 2014 Renewal Strategy to Operations for consideration of points raised in discussion and revision.

MOTION 9: Approve proposed strategy to renew member nominations for those current members who wish to continue serving on the Commission and whose initial terms expire in June 2014 ***(Withdrawn)***.
MOTION 9A: ***(Ballesteros/Land):*** Move that attendance, both at meetings and for the length of meetings attended, be taken into consideration in the 2014 Renewal Strategy ***(Withdrawn)***.

C. Standards and Best Practices (SBP) Committee: There was no report.
MOTION 10: Approve the proposed framework/format for Population-Specific Guidelines to replace the format for Special Population Guidelines and Population-Based Recommendations/Guidelines, as presented ***(Withdrawn)***.

D. Planning, Priorities and Allocations (PP&A) Committee: There was no report.

15. HOPWA REPORT: HOPWA funding increased by $2.6 million. Ms. Flynn left to attend a meeting to enhance youth housing.

16. CAUCUS REPORTS:

A. Consumer Caucus: The Caucus met 3/13/2014 and discussed the consumer stipend and improving information distribution. Today's meeting will follow the Commission meeting in the Patterson Room on the 2nd Floor.

B. Latino Caucus: Mr. Vincent-Jones reported there are still issues with finding an acceptable meeting time for the most frequent past attendees. He and Dr. Espinoza are considering other formats since monthly meetings are not working.

C. Transgender Caucus:

- The Caucus met 3/24/2014 with LA Care representatives including Thomas Tran about barriers to adequate health care for the transgender community, e.g., hormone replacement therapy and sexual reassignment surgery.
- The Caucus will also be reviewing systems tracking used by local clinics, the State and the Federal government. Most systems are purchased from development companies and lack a gender marker, but some local clinics have added the marker. LA Care representatives were open to continuing that conversation and advocating for a gender marker.
- There was also discussion about the lack of a common definition for "transgender" to ensure appropriate care. LA Care has been identifying transgender people on a case-by-case basis which undermines uniform care across clinics. The Caucus referenced the Harry Benjamin Standards of Care and LA Care will also do some of its own research.

➲ The Caucus recommended the Commission review transgender standards including the Harry Benjamin standards.

17. TASK FORCE REPORTS: There was no report.

18. CITY/HEALTH DISTRICT REPORTS: There were no additional reports.

19. AIDS EDUCATION/TRAINING CENTERS (AETC): There was no report.

20. **SPA/DISTRICT REPORTS**: There were no reports.

21. **COMMISSION COMMENT:** There were no additional comments.

22. ANNOUNCEMENTS: There were no announcements.

23. ADJOURNMENT: The meeting adjourned at 1:45 pm in memory of Dr. Charles Farthing and Ryan White who died 24 years ago.

A. Roll Call (**Present)**: Ballesteros, Cadden, Cataldo, Donnelly, Enfield, Garbutt, Granados, Green/Sanjurjo, Johnson, Kelly, King, Kochems, Land, Lester, Liso/Lantis, Lopez, McMillin, Munoz, Pérez, Rios, Rivera, Rosales, Samone-Loreca/Forrest,

MOTION AND VOTING SUMMARY		
MOTION 1: Adjust, as necessary, and approve the Agenda Order.	***Passed by Consensus***	**MOTION PASSED**
MOTION 2: Approve minutes from the Commission on HIV meeting(s), revised as appropriate, as presented.	***Withdrawn***	**MOTION WITHDRAWN**
MOTION 3: Approve the Consent Calendar, with agenda motions removed as necessary.	***Withdrawn***	**MOTION WITHDRAWN**
MOTION 4: Form a work group with the charge to define and develop a Youth Advisory Group for the Commission with the specific intent to serve as a vehicle to strengthen the voice of youth and young people in the Commission's work; ask the work group to report back with its recommendations within three months; and ask the Commission's youth/young adult members to lead the work group.	***Passed by Consensus***	**MOTION PASSED**
MOTION 5: Support proposed legislation to address health concerns in adolescent and young adult populations, as presented.	***Withdrawn***	**MOTION WITHDRAWN**
MOTION 6: Approve the 2014 Policy agenda in accordance with suggested amendments from the 2/13/2014 Commission meeting.	***Ayes:*** Rosales ***Opposed:*** Ballesteros, Cataldo, Donnelly, Enfield, Flynn, Garbutt, Granados, Green, Holloway, Johnson, Kelly, King, Land, Lester, Liso, Lopez, McMillin, Munoz, Rios, Samone-Loreca, Smith ***Abstentions:*** Pérez, Zaldivar	**MOTION FAILED** **Aye**: 1 **Opposed**: 21 **Abstentions**: 2
MOTION 7: Approve the 2014 Legislative Docket detailing Commission positions on pending legislation and forward those recommendations to Intergovernmental Relations (IGR) in the County's Chief Executive Office (CEO), the Board of Supervisors, and other departments, as appropriate.	***Withdrawn***	**MOTION WITHDRAWN**
MOTION 8: Approve Policy/Procedure #09.1007 ***(Community Member Nominations and Appointments to Standing Committees)***, as revised and finalized after public comment period.	***Passed by Consensus***	**MOTION PASSED**
MOTION 9: Approve proposed strategy to renew member nominations for those current members who wish to continue serving on the Commission and whose initial terms expire in June 2014.	***Withdrawn***	**MOTION WITHDRAWN**
MOTION 9A: ***(Ballesteros/Land):*** Move that attendance, both at meetings and for the length of meetings attended, be taken into consideration in the 2014 Renewal Strategy.	***Withdrawn***	**MOTION WITHDRAWN**
MOTION 10: Approve the proposed framework/format for Population-Specific Guidelines to replace the format for Special Population Guidelines and Population-Based Recommendations/Guidelines, as presented.	***Withdrawn***	**MOTION WITHDRAWN**